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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/576,759	03/02/2007	Jae Hyun Kim	3028.002	7203
	7590 07/21/200 IENBERG FARLEY &	EXAMINER		
5 COLUMBIA CIRCLE ALBANY, NY 12203			FRAZIER, BARBARA S	
ALBANI, NI	12203		ART UNIT PAPER NUMBER	
			1611	
			MAIL DATE	DELIVERY MODE
			07/21/2009	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intonsious Summons	10/576,759	59 KIM ET AL.	
Interview Summary	Examiner	Art Unit	
	BARBARA FRAZIER	1611	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>BARBARA FRAZIER</u> .	(3)		
(2) <u>Shelly Matt</u> .	(4)		
Date of Interview: <u>16 July 2009</u> .			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	2)∏ applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: <u>N/A</u> .			
Identification of prior art discussed: <u>N/A</u> .			
Agreement with respect to the claims f) was reached. g	)∏ was not reached. h)⊠ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Applicant's representative case</u> , so no response was filed.			
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
/Barbara Frazier/			
Examiner, Art Unit 1611			

Application No.

Applicant(s)